

WEST WYOMING BOROUGH

464 WEST EIGHTH STREET
WEST WYOMING, PA 18644-4035
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Handicapped Parking Space Permit Application for West Wyoming Borough

DISABLED PERSON RESERVED PARKING CRITERIA

1. The disabled person must be eligible for and have in their possession, a HCP, PD or DVHP license plate from the PA Department of Transportation for his/her vehicle.
2. The driver of the vehicle need not be the disabled person as long as the driver resides in the household of the disabled person- i.e., spouse, parent. The state requirements allow for a person in the household other than the disabled person to apply because frequently the disabled person cannot drive. He or she may be a child or a person with a disability that prohibits them from driving, but a sign will only be granted if the disability is severe enough to warrant a space.
3. The disabled person must be mobility impaired to the extent that ambulation is severely restricted.
4. The street width in front of the residence must be adequate to allow parking.
5. Parking must be permitted on the street. If there is no parking on the street the application will be denied.
6. The individual cannot have an off-street parking space available.
7. The individual must submit the physician's certification of his or her disability. See Physician certification.
8. Fee for application is \$50.00 plus the costs for the purchase and installation of the sign.

Handicapped Parking Application

Please print

If the application is being completed by someone other than the disabled person applicant, please list that person's name below.

Person completing application

Relationship to applicant

Applicant's Name _____

The following information required on this application must pertain to the above mentioned applicant.

Address _____ Zip Code _____

Telephone _____ Date of Birth _____

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

1. What is the nature of your disability?
2. Explain why you believe you are in need of reserved parking at your home:
3. Do you have a garage or other off-street parking available? YES NO
4. Is there on street parking permitted on your street? YES NO
5. Do you have a PA Person with Disabilities License Plate? YES NO
If YES, License Plate number : _____
If NO, do you have a PA Person with Disabilities Placard? Number: _____
6. Do you use one of the Following? (Please circle)
Wheelchair Cane Crutches Braces Walker N/A

Other (please specify) _____

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7. Are there any type of parking restrictions on your street? YES NO
If yes, please describe _____

Please attach a photocopy of the Vehicle Registration AND the applicant's or designated driver's PA driver' license as well as a copy of the Person with Disabilities' Placard, if applicable.

Is your property 25 feet wide or more? _____

Do you rent the property where you are residing? No Yes

APPLICANT'S CERTIFICATION

I am aware that it is my responsibility to file a complete application. I understand that the application will be returned to me if it is found to be incomplete, illegible, or otherwise not filed in compliance with the instructions.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsifications to authorities.

Applicant's Signature

Date

Borough of West Wyoming Office Use Only

Permanent

Short-term

To be Determined

Comments _____

Approval _____

Disapproval _____

Signature _____

Position _____

Date: _____ Receipt of Fee from Applicant _____

Date:06/05/20

PHYSICIAN'S CERTIFICATION OF DISABILITY

POLICY STATEMENT

All portions of this form must be filled out in detail by the applicant's treating physician based on an examination conducted within the past 6 months. A reserved parking space in front of a residence is a special privilege granted by the Borough of West Wyoming, PA only to people who have severe physical disabilities. Such a space will be granted only to those who are mobility impaired to the extent that they cannot manage without it.

Please type or print clearly or application will be rejected

Patient's Name _____ Age _____

Residential Address _____ ZipCode _____

Home Phone _____

The undersigned certifies as follows:

1. I examined the above named application on the _____ day of _____ .
2. Disability Status (check all that apply, refer to the attached functional guidelines)

___ Impaired or Non-Ambulatory Disability (Sec. 1 ___ or Sec. 2 ___)

___ Arthritis (Sec.3)

Functional Class # _____

Mobility Grade # _____

___ Amputation/Anatomical (Sec. 4)

___ Cerebrovascular Accident (Sec.5)

Functional Class ___ A ___ B

___ Pulmonary (Sec. 6) is the patient restricted to the extent that their forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest?

___ NO ___ YES. IF YES please attach a copy of test results

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Functional Class ___ (A) ___ (B)

___ Cardiovascular (Sec. 7)

Functional Class ___ III or ___ IV

Therapeutic Class: ___ D or ___ E

___ Neurological (Sec. 8)

___ Other (Sec. 9) Please specify: _____

3. Please specify the date of onset of applicant's disability: _____

4. Please describe in detail the nature and extent of the applicant's disability:

5. I performed the following test(s) and/or procedures in diagnosing the applicant's disability _____

6. Please specify the diagnosis and prognosis of the applicant

7. Will applicant's current level of disability (check one)

___ Improve ___ Remain the same ___ Deteriorate?

8. Please specify the current physical condition of the applicant

9. Does the applicant require assistance with entering and exiting a vehicle?

No ___ Yes If YES please describe in detail:

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10. Does the applicant require the use of any of the following devices? (check all that apply)

- Wheelchair
- Crutches
- Scooter
- Cane
- Walker
- Braces
- Other _____

11. Does the applicant require assistance in entering to exiting his/her home?

- No
- Yes, if
yes, please describe in detail _____

12. Is the applicant capable of driving? No Yes
If yes, Is the applicant the principal driver of the vehicle? No
 Yes

I am a Board certified physician in the following areas: (Please list)

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. Sec. 4904 relating to unsworn falsification to authorities.

Executed on _____
(Date)

By _____
(Physician's signature)

Please print:

Physician's Name: _____

Address: _____

Telephone Number : _____

License Number : _____

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FUNCTIONAL GUIDELINES AND ELEGIBILITY CRITERIA RESERVED RESIDENTIAL PARKING FOR PEOPLE WITH DISABILITIES

It is the responsibility of the medical evaluator to determine whether one or more medical condition ascribed to an applicant are of such severity as to render the applicant disabled to the extent that reserved parking is required for him/her to function adequately on a day to day basis. The following is a rather comprehensive list of medical conditions, in various stages cause moderate to severe mobility impairment. Most sections include a "Note" area to assist the evaluator in interpretation of the medical criteria as they relate to an applicant's eligibility for reserved, residential parking for people with disabilities.

SECTION 1. NONAMBULATORY DISABILITIES

Impairments that require the applicant to use a wheelchair for mobility.

SECTION 2. IMPAIRED OR ASSISTED AMBUALTION

Intended for those who walk with extreme difficulty including those individuals who use a walker, crutches or leg braces. Use of a cane does nto necessarily indicate eligibility for reserved residential parking.

Note: Claiming eligibility under this section will require extensive medical documentation or an additional medical examination of the individual to determine whether or not this applicant's medical condition qualifies the applicant for receipt of a reserved residential zone.

SECTION 3. ARTHRITIS

This section is intended for people whose arthritic condition makes walking extremely difficult, people who suffer arthritis which causes a severe functional motor deficit in the legs.

Functional Capacity

Class III – functional capacity adequate to perform only a few or none of the duties of usual occupation or self-care

Class IV – Largely or wholly incapacitated - uses wheelchair.

Mobility Assessment

Grade II – The applicant can cross the road but cannot manage public transportation.

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Grade III – The applicant can use stairs but cannot cross roads.
Grade IV – the applicant cannot use stairs
Grade V- The applicant can move from room to room with help
Grade VI- the applicant is confined to chair or bed.

Note: Arthritis alone can only be used as a criterion for reserved residential parking if the applicant meets Class III under the Functional Capacity section and at least Grade III and up to Grade V under the Mobility Assessment section.

Those applicants failing under other classes or grades listed must have either additional medical complications (when considering those at Grade II level) or traffic and/or terrain problems creating additional hardships for an attendant or driver of the disabled resident (when considering those at the Class IV and Grade VI levels).

SECTION 4. AMPUTATION/ANATOMICAL

This section is intended for people who find it extremely difficult to walk because of amputation, congenital absence of or anatomical deformity of the lower extremity at or above the tarsal region for one or both legs.

Note: Exceptions might include those cases in which the applicant has been particularly successful in mastering life skills and has been rendered fully ambulatory with the aid of his/her prosthesis.

SECTION 5: CEREBROVASCULAR ACCIDENT

This section is intended for those applicants who, because of stroke or brain injury find it extremely difficult to walk. These applicants must exhibit one of the following:
(A) Severe functional motor deficit in any of two extremities
(B) Severe Ataxia affecting two extremities substantiated by appropriate cerebellar signs of proprioceptive loss/loss of muscle and kinesthetic sense.

Note: Appropriate medical documentation including, but not limited to rehabilitation records, etc. required before approval of an application from an individual falling under this category

SECTION 6: PULMONARY DISABILITIES

People who, because of a respiratory condition, find it extremely difficult to walk. These individuals experience dyspnea at various levels of exertion. Applicants must exhibit one of the following:

- (A) Dyspnea which occurs such activities as climbing one flight of stairs or walking 100 yards on level ground.
- (B) Dyspnea present on the slightest exertion such as dressing, talking or at rest.

Note: Applicants for reserved parking may qualify under either sections A or B, however, those conditions should be substantiated by respiratory function studies or by other objective rather than subjective evidence. If oxygen is required to carry out routine functions, this should be stated by the applicant's physician.

SECTION 7: CARDIOVASCULAR DISEASE

This section applies to those individuals who, because of cardiac conditions, walk with extreme difficulty. This includes people who exhibit Class III or Class IV in the functional classification and Class D or E in the therapeutic classification.

Functional Classification

Class III – Patients with cardiac disease resulting in marked limitation of physical activity. Patients may be comfortable at rest, however, less than ordinary physical activity causes fatigue, palpitations, dyspnea or angina.

Class IV- Patients with cardiac disease resulting in an inability to carry out physical activity without discomfort. Symptoms of cardiac insufficiency or anginal syndrome may be present even at rest. Any physical activity with increase discomfort.

Therapeutic Classifications

Class D – Patients with cardiac disease whose ordinary physical activity should be markedly restricted.

Class E – Patients with cardiac disease who should be at complete rest, confined to a bed or chair.

Note: Those applicants who fall under Functional Class III or Therapeutic Classification D may be mobility impaired to the extent that reserved parking is required. However, placement in this classification, along with inclusion under one of the other disability categories may combine to categorize the applicant disabled to the degree that a reserved parking zone is necessary. With respect to Therapeutic Classification E, the evaluator must bear in mind that persons who are confined to bed do not usually require the provision of special parking. Upon appeal, however, special circumstances such as traffic or terrain problems may be brought to light which allow approval for reserved parking zones in such cases.

SECTION 8: NEUROLOGICAL DISABILITIES

This section is intended for those people who, because of impairment of the central nervous system, are disabled to the extent that their gait is radically altered resulting in severely restricted mobility.

Neurological Disorder: Damage to the central nervous system due to illness, accident, genetic, or hereditary factors.

Note: Each of the factors above could cause a wide range of damage to the central nervous system resulting in anything from minor disability to total incapacitation. The evaluator must take care to detail the extent to which the applicant's mobility is impaired as a result of the

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existing neurological disorder. The general rule for our purposes is if the applicant can walk one half of a city block without difficulty, he or she is not likely to require reserved residential parking.

SECTION 9: OTHER

Upon special request, consideration will be given to a disability which is not specifically included in the aforementioned criteria,